

Jc796 U.S. F19  
04/26/01

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430-07

PTO/SB/50 (1-99)

Approved for use through 08/30/09. OMB 0651-0033

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**REISSUE PATENT APPLICATION TRANSMITTAL**

Address to: <b>Assistant Commissioner for Patents Box Patent Application Washington, DC 20231</b>		Attorney Docket No. <b>1211-RE</b>															
		First Named Inventor <b>Buchanan, L.</b>															
		Original Patent Number <b>5,897,316</b>															
		Original Patent Issue Date (Month/Day/Year) <b>04/27/99</b>															
		Express Mail Label No. <b>EJ028122605US</b>															
<b>APPLICATION FOR REISSUE OF:</b> <input checked="" type="checkbox"/> Utility Patent <input type="checkbox"/> Design Patent <input type="checkbox"/> Plant Patent (Check applicable box)																	
<b>APPLICATION ELEMENTS</b>		<b>ACCOMPANYING APPLICATION PARTS</b>															
<p>1. <input checked="" type="checkbox"/> *Fee Transmittal Form (PTO/SB/56) (Submit on original, and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.9 and 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification and Claims (amended, if appropriate)</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)</p> <p>5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52) Original U.S. Patent</p> <p>6. <input checked="" type="checkbox"/> Offer to Surrender Original Patent (37 C.F.R. § 1.176) (PTO/SB/53 or PTO/SB/54) or <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)</p> <p>7. Original U.S. Patent currently assigned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, check applicable box(es)) <input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53 or 54) <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney</p>		<p>8. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (If applicable)</p> <p>9. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations</p> <p>10. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (If applicable)</p> <p>11. <input type="checkbox"/> Preliminary Amendment</p> <p>12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>13. <input type="checkbox"/> Other: ..... ..... ..... .....</p>															
<p align="center"><b>14. CORRESPONDENCE ADDRESS</b></p> <p><input checked="" type="checkbox"/> Customer Number or Bar Code Label  or <input type="checkbox"/> Correspondence address below</p> <table border="1"> <tr> <td>Name</td> <td colspan="2"></td> </tr> <tr> <td>Address</td> <td colspan="2"><b>23711</b></td> </tr> <tr> <td>City</td> <td>PATENT TRADEMARK OFFICE</td> <td>State</td> </tr> <tr> <td>Country</td> <td colspan="2">Telephone _____</td> </tr> <tr> <td></td> <td colspan="2">Fax _____</td> </tr> </table>			Name			Address	<b>23711</b>		City	PATENT TRADEMARK OFFICE	State	Country	Telephone _____			Fax _____	
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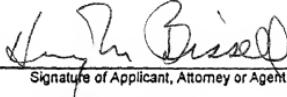


10/26/2003

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Approved for use through 9/30/2003. GSA GEN. REG. NO. 27-0003  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
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PTO/SB/56 (12-97)

REISSUE APPLICATION FEE TRANSMITTAL FORM				Docket Number (Optional) 1211-RE			
Claims as Filed - Part 1							
Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 36	Total Claims (37 CFR 1.16(i))	(B) 69	33 = x \$ ___ =			x \$18 =	594.00
(C) 2	Independent Claims (37 CFR 1.16(i))	(D) 5	3 = x \$ ___ =			x \$80 =	240.00
				Basic Fee (37 CFR 1.16(h)) \$ ___		\$710.00	
				Total Filing Fee \$ ___		OR \$1,544.00	
Claims as Amended - Part 2							
	(1) Claims Remaining After Amendment	(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(i))	---	MINUS --	= x \$ ___ =			x \$ ___ =	
Independent Claims (37 CFR 1.16(i))	---	MINUS -----	= x \$ ___ =			x \$ ___ =	
				Total Additional Fee \$ ___		OR \$ ___	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.      ** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.      *** After any cancellation of claims      **** If "A" is greater than 20, use (B-A); if "A" is 20 or less, use (B-20).      ***** Highest Number of Independent Claims Previously Paid For or Number of Independent Claims in Patent (C).</p>							
<p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p>							
<p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>02-2465</u>. A duplicate copy of this sheet is enclosed.</p>							
<p><input checked="" type="checkbox"/> A check in the amount of \$ <u>1,544.00</u> to cover the filing / additional fee is enclosed.</p>							
April 26, 2001				 <u>Henry M. Bissell</u> Signature of Applicant, Attorney or Agent of Record			
Date				<u>Henry M. Bissell</u> Typed or printed name			

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Practitioner's Docket No. 1211-RE

PATENT

**REQUEST FOR TRANSFER OF DRAWINGS FROM ORIGINAL PATENT  
TO REISSUE APPLICATION**

Please transfer the drawings from original patent, 5,897,316, filed on April 28, 1994, for the invention entitled ENDODONTIC TREATMENT SYSTEM

to the reissue application, the specification of which:

is attached hereto.  
 was filed on \_\_\_\_\_, as reissue application number /

Signature of practitioner



Date: April 26, 2001

Henry M. Bissell  
(type or print name of practitioner)

Reg. No.: 19,200

P.O. Address \_\_\_\_\_

Tel. No.



Customer No.:

**23711**

PATENT TRADEMARK OFFICE

Express Mail Label NO.: EJ028122605US

TOS2000-665541860

Request for Transfer of Drawings from Original Patent to Reissue Application [17-9]

**REISSUE APPLICATION BY THE INVENTOR,  
OFFER TO SURRENDER PATENT**

Docket Number (Optional)

1211-RE

This is part of the application for a reissue patent based on the original patent identified below.

Name of Patentee(s)	Leonard Stephen Buchanan	
Patent Number	5,897,316	Date Patent Issued
Title of Invention	ENDODONTIC TREATMENT SYSTEM	

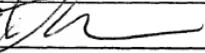
I am the inventor of the original patent.

I offer to surrender the original patent.

- Filed herein is a certificate under 37 CFR 3.73(b).
- Ownership of the patent is in the inventor(s), and no assignment of the patent has been made.

One of boxes 1 or 2 above must be checked.

The written consent of all assignees owning an undivided interest in the original patent is included in this application for reissue.

Signature	Date
	April 20, 2001

Typed or printed name	Leonard Stephen Buchanan
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The assignee owning an undivided interest in said original patent is \_\_\_\_\_  
and the assignee consents to the accompanying application for reissue.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application, any patent issued thereon, or any patent to which this declaration is directed.

Name of assignee
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Signature of person signing for assignee	Date
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Typed or printed name and title of person signing for assignee
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